## National Transportation Safety Board NTSB ID: WAS05RA013 Aircraft Registration Number: AF 615 FACTUAL REPORT Most Critical Injury: Fatal Occurrence Date: 07/30/2005 Occurrence Type: Accident Investigated By: ETYBOP Location/Time Nearest City/Place State Zip Code Local Time Time Zone 1608 UTC **Zuria Mountains** Distance From Landing Facility: Direction From Airport: Airport Proximity: Aircraft Information Summary Aircraft Manufacturer Model/Series Type of Aircraft MIL Design Bureau Mi-172 Airplane Sightseeing Flight: No Air Medical Transport Flight: No

## Narrative

Brief narrative statement of facts, conditions and circumstances pertinent to the accident/incident:

On July 30, 2005 about 1908 hours local time, a Republic of Ugandan owned and operated Mi-172 helicopter, call sign AF-615, collided with mountainous terrain in the Zuria Mountain range near the borders of Uganda and Sudan during cruise flight. The 3 flightcrew, 1 cabin crewmember, and 9 passengers, including Sudanese Vice President John Garang, were fatally injured. The helicopter was destroyed and there was post crash fire. The departure point was Entebbe, Uganda (HUEN) and the destination was New Site, Uganda.

The investigation is being jointly conducted by the Ugandan and Sudanese governments.

## National Transportation Safety Board FACTUAL REPORT AVIATION

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AVIATION Occurre				Accident								
Landing Facility/Approach Information												
Airport Name	ort ID:	rt ID: Airport Elevation Runway Used I				Runwa	y Lengt	h Ru	nway Width			
				Ft.	MSL							
Runway Surface Type:								<u> </u>				
Runway Surface Condition:												
Nariway Surface Condition.												
Type Instrument Approach:												
VFR Approach/Landing:												
Aircraft Information												
Aircraft Manufacturer			Model/						Serial	Number		
MIL Design Bureau			Mi-17	2								
Airworthiness Certificate(s):												
Landing Gear Type:												
Homebuilt Aircraft? No Num	Certified	d Max Gross W		LBS Number			er of Engine	es:				
Engine Type:	Engine Manufacturer: Mode					odel/Series:			Rated Power:			
- Aircraft Inspection Information												
Type of Last Inspection	Dat	Date of Last Inspection Time Sin			nce Last Inspection			Airframe 7	Airframe Total Time			
							Ho	ours		Hours		
- Emergency Locator Transmitter (ELT)	Information											
ELT Installed? ELT Operated?				ELT Aided in Locating Accident Site?								
Owner/Operator Information	Owner/Operator Information											
Registered Aircraft Owner	Street Address											
		City							State	Zip Code		
Operator of Aircraft	Street Address											
Republic of Uganda	City	Dity						State	Zip Code			
Tropublic of Oguilla	Kampala											
Operator Does Business As:							perator Desig	nator Co	de:			
- Type of U.S. Certificate(s) Held: None												
Air Carrier Operating Certificate(s):												
Operating Certificate:				Operator C	Certific	ate:						
Regulation Flight Conducted Under: Non-U.S., Non-Commercial												
Type of Flight Operation Conducted: Pu	blic Use											
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FACTUAL REPORT

AVIATION

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Occurrence Date: 07/30/2005

AVIATION				Occurrence Type: Accident										
First Pilot Information														
Name C								State Da					.h	Age
On File														
Sex:	Seat Occupied		Certificate Number:											
Certificate(s):														
Airplane Rating(s):														
Rotorcraft/0	Glider/LTA:													
Instrument	Rating(s):													
Instructor Rating(s):														
Type Ratin	g/Endorsement fo	or Accident/Ir	ncident Aircra	ft?			C	Current Bi	ennial Flig	ht Revie	ew?			
Medical Ce	ert.:	Medica	al Cert. Status	s:					Date o	of Last M	/ledical l	Exam:		
		•												
- Flight Tim	- Flight Time Matrix  All A/C  This Make and Model			Airplane Single Engine	Airplane Mult-Engine	Night		Actual	Instrument Simulated		Rotorcraft	Glider		Lighter Than Air
Total Time	Total Time													
Pilot In Cor	Pilot In Command(PIC)													
Instructor													ightharpoonup	
Last 90 Da	ys													
Last 30 Da	ys					_							$\rightarrow$	
Last 24 Ho	urs	<u> </u>												
Seatbelt Us	sed?	Shou	ulder Harness	Used?		Т	Toxicology Performed? Second Pilot? Yes							
	n/Itinerary													
•	ght Plan Filed: VI	FR												
Departure I	Point					8	State Airport Identifier Depart			arture Time	T	ïme Zone		
ENTEBBE								ŀ	HUEN					
Destination	5	State	e /	irport Identifier										
New Site														
Type of Cle	earance:													
Type of Air	space:													
Weather	Information													
Source of	Briefing:													
Method of	Briefing:													
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TY BOR			Occurrence	Accide	nt									
Weather Information														
WOF ID	Observation Time	Time Zone	: \	WOF Elevati	on	WOF D	n Acci	dent Site	Direction From Accident Site					
				Ft.	MSL			NM	NM Deg. Mag					
Sky/Lowest Cloud Condition:							Ft. AG	iL	Condition of Light:					
Lowest Ceiling:					AGL	Visib	oility:		SM	Alti	meter:	"Hg		
Temperatu	Temperature: °C Dew Point: °C					d Direction: Density Altitude: Ft.								
Wind Speed: Gusts:					Weather Condtions at Accident Site: Instrument Conditions									
Visibility (F	RVR): Ft.	Visibilit	y (RVV	′)	SM	Intensity of Precipitation:								
Restriction	ns to Visibility:	-												
Type of Pr	ecipitation:													
Accident Information														
Aircraft Damage: Destroyed Aircraft Fi					e: <b>Grou</b> i	und Aircraft E					n			
Classificati	ion:													
- Injury Su	mmary Matrix	Fatal	Serio	us Mino	or	None	TOTAL							
First Pi	ilot	1					1							
Second	d Pilot	1					1							
Studer	nt Pilot													
Flight I	nstructor													
Check	Pilot													
Flight E	Engineer	1					1							
Cabin /	Attendants													
Other (	Crew	1					1							
Passer	ngers	9					9							
- TOTAL /	ABOARD -	13					13							
Other (	Ground													
- GRANI	O TOTAL -	13		13										

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FACTUAL REPORT	Occurrence Date: 07/30/2005	
AVIATION	Occurrence Type: Accident	
Administrative Information		
Investigator-In-Charge (IIC)		
Dennis L. Jones		
Additional Persons Participating in This Accident/Incident	ent Investigation:	